

## Notice of Agency Rule-Making Proposal

**AGENCY:** Department of Environmental Protection

**RULE TITLE OR SUBJECT:** Chapter 596 Overboard Discharges: Licensing and Abandonment

**PROPOSED RULE NUMBER:** (ASSIGNED BY SECRETARY OF STATE)

**CONCISE SUMMARY:**

This proposed amendments to the existing Chapter 596 rule contains changes to make the rule consistent with recent amendments to 38 M.R.S.A. §411-A(2-A), §413(3) and §414-A(1-B) due to PL 2003 Chapter 246, effective September 13, 2003. The proposed amendments add language to provide consistency and clarity with other chapters, adding necessary definitions and eliminating obsolete terms and sections of the current rule. In addition the proposed amendments include clarifications on discharge increases and seasonal use, site evaluation requirements and system replacement. Finally, the proposed amendments require implementation of best practicable treatment at all facilities, including those on remote islands.

**THIS RULE WILL NOT HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY:** 38 M.R.S.A., Sections 413(3), 414(3-A), 414-A(1)(B), 464 (4)(A), 464 (4)(G), 464 (7), 464(8).

**PUBLIC HEARING:** July 1, 2004 @ 11:00 a.m.  
Holiday Inn/Ground Round  
110 Community Drive, Augusta, ME

**DEADLINE FOR COMMENTS:** July 16, 2004

**AGENCY CONTACT PERSON:** Pamela Parker  
**AGENCY NAME:** Department of Environmental Protection  
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Comments may be submitted by mail to the Agency Contact at the address above, by fax to Pamela Parker at (207) 287-7191 or by e-mail to [pamela.d.parker@maine.gov](mailto:pamela.d.parker@maine.gov). To ensure consideration, comments must include your name and the organization you represent, if any. Please be aware that any risk of non-delivery associated with submission by fax or e-mail is on the sender. The proposed 'draft rule' is available for review or download on the Department's web-site at the following address: <http://www.maine.gov/dep/blwq/rule.htm>.

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Please approve bottom portion of this form and  
assign appropriate MFASIS number.

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
*Authorized signature*

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